

## **Application Data Sheet**

### **Application Information**

Application number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R??::

Number of CD disks::

Number of copies of CDs::

Sequence Submission::

Computer Readable Form (CRF)?::

Number of copies of CRF::

Title:: Circulating mRNA as Diagnostic Markers

Attorney Docket Number:: 016285-003710US

Request for Early Publication:: No

Request for Non-Publication:: No

Suggested Drawing Figure::

Total Drawing Sheets:: 10

Small Entity?:: Yes

Latin name::

Variety denomination name::

Petition included?:: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers One::

Secrecy Order in Parent Appl.: No

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: United Kingdom  
Status:: Full Capacity  
Given Name:: Yuk-Ming  
Middle Name:: Dennis  
Family Name:: Lo  
Name Suffix::  
City of Residence:: Kowloon  
State or Province of Residence::  
Country of Residence:: Hong Kong  
Street of Mailing Address:: 7 King Tak Street, 4th Floor  
Postal Address Line Two:: Homantin  
City of Mailing Address:: Kowloon  
State or Province of mailing address::  
Country of mailing address:: Hong Kong  
Postal or Zip Code of mailing address::

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Canada  
Status:: Full Capacity  
Given Name:: Kai  
Middle Name:: On  
Family Name:: Ng  
Name Suffix::  
City of Residence:: New Territories  
State or Province of Residence::  
Country of Residence:: Hong Kong  
Street of Mailing Address:: Unit A, 20/F., Block 3  
Postal Address Line Two:: Ma On Shan Centre

Postal Address Line Three:: Shatin  
City of Mailing Address:: New Territories  
State or Province of mailing address::  
Country of mailing address:: Hong Kong  
Postal or Zip Code of mailing address::

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Hong Kong  
Status:: Full Capacity  
Given Name:: Bo  
Middle Name:: Yin  
Family Name:: Tsui  
Name Suffix::  
City of Residence:: Kowloon  
State or Province of Residence::  
Country of Residence:: Hong Kong  
Street of Mailing Address:: Room 1501, Block 10  
Postal Address Line Two:: L. Ngau Tau Kok Estate  
City of Mailing Address:: Kowloon  
State or Province of mailing address::  
Country of mailing address:: Hong Kong  
Postal or Zip Code of mailing address::

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Australia  
Status:: Full Capacity  
Given Name:: Wai Kwun  
Middle Name:: Rossa  
Family Name:: Chiu  
Name Suffix::  
City of Residence:: New Territories

State or Province of Residence::  
Country of Residence:: Hong Kong  
Street of Mailing Address:: Flat 1A, Block 1  
Postal Address Line Two:: Constellation Cove, 1 Hung Lam Drive  
Postal Address Line Three:: Tai Po  
City of Mailing Address:: New Territories  
State or Province of mailing address::  
Country of mailing address:: Hong Kong  
Postal or Zip Code of mailing address::

### **Correspondence Information**

Correspondence Customer Number:: 20350

### **Representative Information**

Representative Customer Number:: 20350

### **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	An Appn claiming benefit under 35 USC 119(e) of	60/440,906	01/17/03

### **Foreign Priority Information**

Country::	Application number::	Filing Date::
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### **Assignee Information**

Assignee Name::  
Street of mailing address::  
City of mailing address::  
State or Province of mailing address::  
Country of mailing address::

Postal or Zip Code of mailing address::